

EXHIBIT A



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

CHARGE OF DISCRIMINATION

For Official Use Only - Charge Number:

EEOC Form 5A (October 2017)

Inquiry #520-2023-02050

Personal Information	First Name: <u>Rocco</u> MI: <u>C</u> Last Name: <u>Famiglietti</u> Address: [REDACTED] Apt.: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Phone: [REDACTED] Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Email: [REDACTED]
Who do you think discriminated against you?	Employer <input checked="" type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Organization <input type="checkbox"/> Organization Name: <u>New York City Dept. of Sanitation</u> Address: <u>59 Maiden Lane 5th Floor</u> Suite: [REDACTED] City: <u>New York</u> State: <u>NY</u> Zip Code: <u>10038</u> Phone: <u>646-885-1081</u>
Why you think you were discriminated against?	Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input checked="" type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Genetic Information <input type="checkbox"/> Retaliation <input type="checkbox"/> Other <input type="checkbox"/> (specify)
What happened to you that you think was discriminatory?	Date of <u>most recent job action</u> you think was discriminatory: <u>April 25, 2022</u> Also describe briefly <u>each job action</u> you think was discriminatory and when it happened (estimate). <u>On April 18, 2022, I was demoted from the position of Supervisor.</u> <u>On April 25, 2022, I was terminated following a denied request for Religious Exemption (without reason).</u>
Signature and Verification	I understand this charge will be filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address, phone, or email. I will cooperate fully with them in the processing of my charge in accordance with their procedures. I understand by signing below that I am filing a charge of employment discrimination with the EEOC. I understand that the EEOC is required by law to give a copy of the charge, which includes my allegations and my name, to the organization named above. I also understand that the EEOC can only investigate charges of job discrimination based on race, color, religion, sex, national origin, age, disability, genetic information, or based on retaliation for filing a charge of job discrimination, participating in an investigation of a job discrimination complaint, or opposing job discrimination. I declare under penalty of perjury that the above is true and correct. Signature: <u>[Signature]</u> Date: <u>1/22/23</u>

Attention: Intake Unit

From: Rocco Famiglietti

Date: January 30, 2023

Pages: 1

Inquiry #: 520-2023-02050

I would like to request a Notice of Right To Sue Letter.

Please send letter via email to the following,



Thank you,

Rocco Famiglietti



EEOC (Inquiry) Number: 520-2023-02050

Inquiry Information

INQUIRY OFFICE

Receiving: New York District Office

Accountable: New York District Office

POTENTIAL CHARGING PARTY

Name: Mr. Rocco C. Famiglietti Jr.

Address: [REDACTED]
[REDACTED]

Year of Birth:

Email Address: [REDACTED]

Phone Number: [REDACTED]

POTENTIAL CHARGING PARTY'S DEMOGRAPHICS

Gender: M

Disabled? I do not have a disability

Are you Hispanic or Latino? not hispanic or latino

Ethnicity: White,

National Origin: American(U.S.)

RESPONDENT/Employer

Organization Name: New York City Department of Sanitation

Type of Employer: State or Local Government that I applied to, work for, or worked for

Number of Employees: An uncertain number of employees

Address: 59 MAIDEN LN FL 5
NEW YORK, NY 10038

County:

Phone Number:

LOCATION OF POTENTIAL CHARGING PARTY'S EMPLOYMENT

Address: 120-15 31st Avenue

QUEENS, NY 11354

County:

RESPONDENT CONTACT

Name: New York City Department of Sanitation

Email Address: ATahir@dsny.nyc.gov

Phone Number:

Title:

REASON(S) FOR CLAIM

Date of Incident (Approximate): 04/25/2022

Reason for Complaint: Religion

Pay Disparity:

Location of Incident: New York

Submission (Initial Inquiry) Date 01/17/2023

Claim previously filed as charge with EEOC? No

Approximate Date of Filing:

Charge Number: 520-2023-02050

Claim previously filed as complaint with another Agency? No

Agency Name:

Approximate Date of Filing:

Nature of Complaint:

Adverse Action(s)

On 10/27/21, sent a request for religious exemption from newly required Cv19 vaccination with the NYC Sanitation. 11/02/21, received email from DSNY requesting further info regarding my request for RE. Emailed additional info on 11/04/21. 11/18/21, received a denial letter without reasoning for denial. 12/09/21, filed an appeal & continued working. 01/19/22, sent home from work & placed on LWOP status. 01/26/22, returned to work with doctor's note & granted a medical extension until 04/03/22. 04/04/22, sent home & placed on LWOP. 04/18/22, while on LWOP, demoted from a Supervisor to worker via phone. I was told, "this is not how we normally do this but since you are on leave, this is the way it is." The phone call skipped formalities, union guidelines & denied chance of due process. I was demoted & terminated a few days later. 04/26/22, received a letter of termination effective immediately as of 04/25/22 including health insurance. I never received a specific reason for denial of RE.

APPOINTMENT

Appointment Date and time:

Interview Type: _

APPROXIMATE DEADLINE FOR FILING A CHARGE: 02/20/2023



Supplemental Information

What Reason(s) were you given for the action taken against you?

On November 18, 2021, I received a denial letter answering my request for religious exemption stating that, "Because the information you provided in support of your request has not sufficiently demonstrated to DSNY that there is a basis for granting you and exemption to the above order, DSNY is denying your request for an accommodation."

I was terminated on April 25, 2022

Was anyone in a similar situation treated the same, better, or worse than you?

Please provide name(s) and email and/or phone number of anyone who will support your claim, and briefly describe the information this person will provide.

Please tell us any other information about your experience?